

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 91812

FILED JAN 18 1951

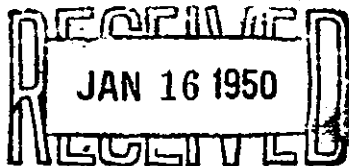
BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 4317 Registrar's No. 91812

1. PLACE OF DEATH a. COUNTY MADISON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARQUAND		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARQUAND MO	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) CLEMENT c. (Last) MICHEL		4. DATE OF DEATH (Month) (Day) (Year) 1-1-1951	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 7-17-1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY (Rox FARMER)	11. BIRTHPLACE (State or foreign country) FRANCE
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Stacey Marquand Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> 21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to Dec 29, 1950 that I last saw the deceased alive on Dec 29, 1950 and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Mawen Grooman M.D.		23b. ADDRESS Redenbachtown Mo. 23c. DATE SIGNED 1-2-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-4-51	24c. NAME OF CEMETERY OR CREMATORY MOULSON CEMETERY	24d. LOCATION (City, town, or county) (State) Marquand Mo
DATE REC'D BY LOCAL REG. 1/13/51	REGISTRAR'S SIGNATURE Florence Hicks 1870	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Joe Stacey Marquand Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, M.D.



FILE No. 151-3

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed W. J. Year Adamson

Licensed Embalmer No. 4351

P. O. Address Fredericktown, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.